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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/564,370			ing Date 11/2006	To be Mailed	
APPLICATION AS FILED — PART I (Column 1) (Column 2)								SMALL	ENTITY	OTHER THAN OR SMALL ENTITY			
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		*			x \$ =		OR	x \$ =		
IND	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*			x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addi	If the specification and dr sheets of paper, the appl is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an			cation size fee due utity) for each action thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If t	the difference in col	umn 1 is less thar	r "0" in colur		TOTAL			TOTAL					
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR				OTHER THAN SMALL ENTITY	
AMENDMENT	05/07/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 4	Minus	** 20		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	* 1	Minus	***3		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Columr		(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
. IF		d in lane there it			"O" :-	l 2	• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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